



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Jayna Friend

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Medicare Provider Number: 150059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$148543453
Outpatient Patient Service Revenue	\$301596504
Total Gross Patient Service Revenue	\$450139957

2. Deductions From Revenue

Contractual Allowance	\$255719184
Other Deductions	\$7718040
Total Deductions	\$263437224

3. Total Operating Revenue

Net Patient Service Revenue	\$186702733
Other Operating Revenue	\$1349708098
Total Operating Revenue	\$1536410831

4. Operating Expenses

Salaries and Wages	\$70487906	Employee Benefits	\$15642876
Depreciation and Amortization	\$12761123	Interest Expense	\$1160877
Bad Debt	\$10333692	Other Expenses	\$92711425
Total Operating Expenses	\$203097899		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2572347	Total Assets	\$399900177
Net Non-operating Gains over Loss	\$11124542	Total Liabilities	\$151028558

Total Net Gains	\$8552195
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$214432285	\$126515048	\$87917237
Medicaid	\$63072288	\$37311547	\$25760741
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$172635384	\$99610629	\$73024755
Total	\$450139957	\$263437224	\$186702733

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$795467	\$24148	\$771319

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$95189	\$-95189
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	52
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3056000	
HCI Payments	\$0		
Subtotal	\$0	\$3056000	\$-3056000
Medicaid Shortfalls	\$5582388	\$14176027	
Subtotal	\$5582388	\$17232027	\$-11649639
DSH Payments	\$0		
Subtotal	\$5582388	\$17232027	\$-11649639
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$5582388	\$17232027	\$-11649639

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$311764	\$-311764
Other Allocations	\$0	\$0	\$0

Comments

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